

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/ 584868** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1				1			51					
2					1			52					
3								53					
4								54					
5								55					
6								56					
7								57					
8	1				1			58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15	1				1			65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
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24								74					
25								75					
26								76					
27								77					
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37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			3										
TOTAL DEP.			18										
TOTAL CLAIMS			21										